

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			on ox each violation is specified in the harractive portion of t				_	
Establishn Wala		¥	X0447	Telephone Number (8:2) Epul Shus 15	Date of Inspection (mm/dd/yr)		ID#	
Establishment Address (number and street, city, state, zip code)				(847) 5 27 - 4897	12/14	2/14/2019 18-296		
1707 E	. Seria	4	it. New Alband, IN 47150	(1101-1011		,		
Owner	• • • • • • • • • • • • • • • • • • • •	1 -	porate Offices	Purpose:	Follow-1	m Releas	se Date	
Walan	een's 1	Con	ponde Offices	1. Routine	1 1 1 1			
Owner's A	ddress				1,00,0,0			
P.O. B	ox 901		Durfield, IL 60015	2. Follow-up 3. Complaint	Summar	mmary of Violations:		
Person in C	Charge Bw.	der	Durfield, IL 60015  Deblie Childs	4. Pre-Operational	$C \times NC \times R $			
Responsibl	le Person's	E-ma	il	5. Temporary Menu T		ype (See back of page)		
				6. HACCP	<b>!</b> .			
Certified F	ood Handle	er		7. Other (list)	1 <u>X</u> 2	3	_45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative	<u></u>		To Be Co	rrected By	
394	NC		Observed damps for corral to be	iffered with del	ris	1 m	th	
430	NC		Observed (approx. 6) stimed	auting tiles		/ Mo	Nh	
							÷	
Received by (name and title printed):				Inspected by (name and title printed):  A.). Ingram (EHS)				
Received by (signature):				Inspected by (signature):				
Received by (signature): Bauch				aj				
ce:		,	сс:		ce:			